



MISSOURI GAMING COMMISSION

Voluntary Exclusion Program for Problem Gamblers

MGC Office Use Only:

VCode: _____

Applicant Initials: _____

App. Date: _____

App. Time: _____

Agent Badge Number: _____

MGC Location: _____

APPLICATION FOR PLACEMENT ON THE LIST OF DISASSOCIATED PERSONS

Instructions

- Read the entire form and Chapter 11 CSR 45-17 before responding to the questions.
- Print the answers to questions in ink.
- Initial pages in the space provided in the upper right-hand corner.
- Attach a copy of your most recent Driver's License or state-issued identification card.
- Attach a recent photograph (within the last 12 months). Print applicant's name on the photograph.

Application Interview was videotaped:

☐ **Yes.** Video Tape Counter: Begin: _____ End: _____ Tape No. _____

☐ **No, Video Not Available** (reason _____)

☐ **No, Applicant Refused Video Recording:** _____
(Signature of Applicant)

Others Present During Interview:

☐ **Yes; Names:** _____

If any individual(s) other than applicant and MGC agent are present during the application interview, complete a Supplemental Form and attach to this application

☐ **No**, the applicant was not accompanied during the interview.

Interpreter Used for Application Interview: ☐ Yes (complete information on page 7) ☐ No

Full Name of Interpreter: _____

Reason: ☐ Language Barrier ☐ Visual Impairment ☐ Dyslexic ☐ Illiterate ☐ Deaf/Mute

Important Notice

By signing and submitting this application, you are agreeing to refrain from visiting excursion gambling boats in Missouri **for the rest of your life**.

The Commission and its excursion gambling boat licensees will comply with the provisions of 11 CSR 45-17 to protect the confidentiality of your placement on the List. However, because information regarding your application must be released to certain persons in order to enforce the provisions of 11 CSR 45-17, neither the Commission nor its excursion gambling boat licensees or their agents can guarantee the confidentiality of the information.

The Missouri Gaming Commission recommends you seek treatment for your gambling problem. **Free treatment is available for both problem gamblers and their family.** To obtain the most recent information about treatment services, discuss your gambling problem with someone, or if you have had thoughts of suicide, **please call 1-888-BETSOFF (1-888-238-7633).** The number is staffed 365 days per year, 24 hours per day.

Missouri Gaming Commission
APPLICATION FOR PLACEMENT ON THE LIST OF DISASSOCIATED PERSONS

Personal Information

Social Security #: _____

Gender: 1 ☐ Male 2 ☐ Female

Date of Birth: _____ / _____ / _____
(Month) (Day) (Year)

Legal Name: _____
(First) (Middle) (Last) (Suffix-Jr, Sr, etc.)

Maiden/Other Names Used: _____
(First) (Middle) (Last)

Contact Information

Street: _____

City: _____ State: _____ Zip Code: _____

Home/Day Telephone: _____ Other Telephone: _____
(area code) 555-5555 (area code) 555-5555

Please provide a permanent/forwarding address to be used in the event that you move.
This address will only be used if the postal service returns the mail sent to your home address.

Street: _____

City: _____ State: _____ Zip Code: _____

Identification Information

<input type="checkbox"/> Driver's License	State of Issue: _____	Number: _____	Exp. Date: _____
<input type="checkbox"/> State ID	State of Issue: _____	Number: _____	Exp. Date: _____
<input type="checkbox"/> Military/Govt ID	Issuing Authority: _____	Number: _____	Exp. Date: _____
<input type="checkbox"/> Passport	Issuing Authority: _____	Number: _____	Exp. Date: _____
<input type="checkbox"/> INS Card	Issuing Authority: _____	Number: _____	Exp. Date: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Complexion (which best describes your complexion?): 1 ☐ Light 2 ☐ Medium 3 ☐ Dark

Ethnic origin (which race or ethnic group best describes you?):

1 ☐ Caucasian/White 2 ☐ African-American/Black 3 ☐ Hispanic 4 ☐ Native American
5 ☐ Asian/Pacific Islander 7 ☐ Middle Eastern 6 ☐ Other

Noticeable Physical Characteristics
(Birthmarks, scars, tattoos, etc.): _____

Access for Emp.

Does your job require you to enter a Missouri Riverboat casino floor? Yes _____ No _____

If yes, please provide the following information:

Employer: _____

Job Title/Description: _____ Gaming Lic. #: _____

Location(s) at which access is needed: _____

If applicant answers yes, give the "Access to Gaming Facilities for Purpose of Employment" memo and attach a signed copy of the memo to this application.

Verification

I acknowledge/accept that I am a problem gambler and that I am unable to gamble responsibly:

_____, 20_____
(Signature Required) (date) (year)

Questionnaire and Verification Form

Initial here to
acknowledge
the statement
at left:

By writing my initials in the box to the right, I acknowledge that I understand the questions below and a "Y" indicates answer to the question is "yes" and a "N" means my answer to the question is "no".

Note: Prior to beginning to execute the questionnaire, the applicant should have been provided a copy of 11 CSR 45-17 and the application with instructions to read the documents thoroughly. The applicant must answer all questions affirmatively except those questions in ***bold/italic type***, which must be answered negatively. Allow the applicant to ask questions as they arise.

- _____ Do you understand the English language as I am presently speaking it to you? (An answer of "no" terminates the interview unless the applicant provides an interpreter.)
- _____ ***Are you presently under the influence of any alcoholic beverages, controlled substances or prescription medication that would prevent you from making a sober and informed decision regarding whether or not to execute this application?*** (An answer of "yes" terminates the interview, as the applicant must act knowingly in completing and submitting the application.)
- _____ Are you completing this application of your own free will? (An answer of "no" terminates the interview, as the applicant is not eligible for placement on the List of Disassociated Persons).
- _____ Have you read the application I have provided you and do you understand its contents?
- _____ Have you read 11 CSR 45-17 and do you understand its contents?
- _____ Are you a problem (or compulsive) gambler? *Problem gambling refers to gambling activity that causes some problems in an individual's social, vocational or financial life. Compulsive gambling refers to a chronic inability to resist the impulse to gamble, which can cause serious damage to a person's social, vocational, or financial life.* (An answer of "no" terminates the interview, as the applicant is not eligible for placement on the List of Disassociated Persons).
- _____ Do you understand that by asking to be placed on the List of Disassociated Persons that you are accepting that you are a problem gambler and that you are unable to gamble responsibly?
- _____ Do you understand the Missouri Gaming Commission recommends you seek treatment for your gambling problem?
- _____ Have you received a copy of the following problem gambling resources available in Missouri: 11 CSR 45-17, list of certified compulsive gambling counselors, contact information for Gamblers Anonymous (GA) and Gam-Anon, and the number for Missouri's problem gambling helpline (1-888-BETSOFF)?
- _____ Do you understand that if you are placed on the List of Disassociated Persons, it will be your responsibility to stay out of Missouri riverboat casinos?
- _____ Do you understand that, according to the terms of the application before you, it is not the responsibility of the gaming commission to stop you from entering a Missouri excursion gambling boat?
- _____ Do you understand that, according to the terms of the application before you, it is not the responsibility of the various casino companies to stop you from entering a Missouri excursion gambling boat?
- _____ Do you understand that, if you complete the application before you, the consequence of you being discovered on a Missouri excursion gambling boat is that **you will be arrested for trespassing?**

Initials: _____

- _____ Do you understand that, if you complete the application before you, a further consequence of you being discovered on a Missouri excursion gambling boat is that you **will not be eligible to win** a gambling game and therefore will be denied winnings you may attempt to claim while visiting an excursion gambling boat?
- _____ Do you understand that by completing the application before you, you are authorizing the Missouri Gaming Commission to release the contents of your application – including your name and social security number – to all Missouri excursion gambling boat operators and their agents and affiliates? (This information can be used only to enforce the provisions of Missouri statutes and the rule. No one else may access the information in your application including your family members, employer, or prospective employer).
- _____ Do you understand that releasing the information in your application to the agents and affiliates of Missouri excursion gambling boat operators may result in your being denied service at other facilities within the casino complex? (For example, if a Class A Licensee operates a hotel, restaurant or other amenity within the casino complex, that operator may choose to deny you service in all areas of the complex).
- _____ Do you understand that releasing the information in your application to the agents and affiliates of Missouri excursion gambling boat operators may result in your being denied service at affiliated casinos in other jurisdictions? (For example, if an operator in Missouri owns or manages a casino in another state, that operator may choose to deny you service in all its locations).
- _____ Do you understand that you may receive mailings from Missouri excursion gambling boats for several weeks after completing this application? (Casinos generally print these mailings several weeks prior to distribution. However, your name will be removed from the mailing list following notification of your placement on the List and you will not be included in future printings.)
- _____ Do you understand that you may receive a letter from Missouri excursion gambling boats informing you they have received notification of your placement on the List? *This letter may include the date after which you should no longer receive mailings from their property and/or a notice of trespass (according to 11 CSR 45-17).*
- _____ Do you understand that you may be contacted by the Missouri Gaming Commission (or its agents) to evaluate Missouri's problem gambling programs, including the Voluntary Exclusion Program?
- _____ Do you understand that by completing the application before you, you are requesting to be placed on the List of Disassociated Persons and that such placement is **for life** and the Gaming Commission has no authority to remove you from the List?
- _____ Is it clear to you that you are agreeing to stay off **all** Missouri excursion gambling boats **for the rest of your life** and the consequence of you violating this agreement is that **you will be arrested for trespassing** and **you will forfeit any winnings** in your possession at the time of your arrest?
- _____ ***Are you being pressured/forced to apply to the Voluntary Exclusion Program?*** (An answer of "yes" terminates the interview, as the applicant is not voluntarily applying.)
- _____ ***Do you have any questions that the Missouri gaming agent has not answered to your satisfaction regarding the terms of the application before you that prevent you from making a sober and informed decision whether or not to execute the application?***

At this point ask the applicant to execute the Waiver/Release and the Authorization & Request to Release Information. Upon completion of each page, the agent will verify that all application information is filled out, verify signatures, and execute the Application Verification form.

Waiver/Release

I, _____, wish to be placed on the Missouri Gaming Commission's ("Commission") List of Disassociated Persons and have filed with the Missouri Gaming Commission this Application for Placement on the List of Disassociated Persons. By filing such Application, I understand that I am a problem gambler and that I am assuming the responsibility of refraining from visiting excursion gambling boats in Missouri. Furthermore, I understand that if I visit an excursion gambling boat after completing this application and I am discovered on the premises of an excursion gambling boat, that the owner or operator of such premises may eject me. **I also understand that my presence on an excursion gambling boat constitutes trespassing and the owner or operator will request that I be arrested for such. Moreover, I understand that by filing an application for placement on the List of Disassociated Persons and by signing this Waiver/Release, I agree that I am not eligible to place a legal wager on an excursion gambling boat in Missouri and that I will be denied the winnings based on any wager that I might place on an excursion gambling boat.**

I authorize any Class A licensee or its agents or employees to deny me access to any excursion gambling boat. By signing this release and acknowledging receipt of good and valid consideration therefore, I hereby release, remise, and forever discharge the State of Missouri, the commission, its members, agents and employees and any Class A licensee or its agents or employees from any and all manners of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned and the undersigned's heirs, successors, administrators, executors, and assigns ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing, enforcing or other action or omission relating to this Application including but not limited to, the release of the contents of my Application to any Class A licensee and such licensee's agents or employees or any financial loss, physical injury or emotional distress or any breach of confidentiality that may occur as a result. I further understand that signing this application may result in me being denied service at other gaming establishments outside the state of Missouri.

I understand that Class A licensees, in conjunction with my placement on the List of Disassociated Persons, will submit a plan for Commission approval for removing my name from all mailing lists which may generate marketing offers being sent specifically to me and to deny me credit (if applicable), and casino club memberships. I will notify the Commission and any respective licensee of any errant mailing or marketing offer I might receive.

I understand the Missouri Gaming Commission or its agents or employees will contact me at times to conduct research necessary to evaluate the Voluntary Exclusion Program and determine appropriate methods of addressing problem gambling issues in Missouri.

I have read this Waiver/Release and understand all its terms. I execute it voluntarily and with full knowledge of its consequences and significance.

IN WITNESS WHEREOF, I have executed this release at _____, (City)
_____, on the _____ day of _____, 20____.
(State)

(Applicant's Signature)

Subscribed and sworn to before me this _____ day of _____, 20____.

(Gaming Agent Verification)

(Badge #)

(Location)

Authorization and Request to Release Information

1. By placing myself on the List of Disassociated Persons, I authorize and request the Missouri Gaming Commission to release all contents of my application to all Class A licensees (riverboat casino owners and operators) and their employees, agents and affiliated companies in other jurisdictions; and I hereby designate, constitute and appoint the Commission and any agent of the Commission as my agent and true and lawful attorney-in-fact in my name, place, stead and on my behalf and for my use and benefit to release all contents of my application to all Class A licensees (riverboat casino operators) and their employees and agents.
2. I grant to the Commission and any agent of the Commission, as my attorney-in-fact, full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers granted by the terms of this Authorization and Request to Release Information, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney-in-fact, or his/her substitute(s) shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
3. I understand that after I file this application, including this waiver and release that allows the Commission to inform licensed casinos in Missouri that I am a problem gambler, some casinos may choose to deny me service at their facilities in other jurisdictions.
4. I accept any risk of adverse public notice, embarrassment, criticism or other action or any financial loss, which may directly or indirectly result from the release of information authorized in this Authorization and Request to Release Information.

I have read this Authorization and Request to Release Information and understand all its terms. I execute it voluntarily and with full knowledge of its consequences and significance.

IN WITNESS WHEREOF, I have executed this release at _____, _____,
(City)
_____, on the _____ day of _____, 20_____.
(State)

(Applicant's Signature)

Subscribed and sworn to before me this _____ day of _____, 20_____.

(Gaming Agent Verification)

(Badge #)

(Location)

List of Disassociated Persons Application Verification

I have completed and signed this application in a sober and informed condition with the intention of agreeing to placing myself on the List of Disassociated Persons as established by 11 CSR 45-17, et seq. as may be amended from time to time, for the remainder of my life. **The foregoing Questionnaire is an accurate record of my application to be placed on the List of Disassociated Persons.**

X _____, 20____
(date) (year)
Signature of Applicant

Agent should verify the applicant's signature and inform the applicant that s/he is now on the List of Disassociated Persons. It will take a few days to forward the information to the casinos; however, the person is subject to arrest any time s/he is discovered on a Missouri excursion gambling boat. Agent should ask applicant to surrender all player's cards

Interpreter Verification ~ all information must be completed: The applicant required the assistance of an interpreter in order to complete this application. The name, address, phone number, social security number and date of birth of the interpreter are listed below as well as an affirmation that s/he has completely and accurately communicated all instructions given by the Commission agent and that the applicant has indicated that s/he understands the documents included in the application and has signed them in a sober and informed condition with full knowledge of the responsibilities and consequences of being on the List of Disassociated Persons.

Full Name of Interpreter: _____

Street Address: _____

City, State and Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ SSN: _____

Affirmation

I, _____, through my signature below, affirm, attest and acknowledge, that I have served as an interpreter for _____ to assist him/her in completing an application for placement on the List of Disassociated Persons and that I have completely and accurately communicated all instructions from the Missouri gaming agent verifying this application and the applicant has informed me that he/she understands the documents I have assisted in explaining and has signed them in a sober and informed condition and knows and understands all of the responsibilities and consequences associated with being placed on the List of Disassociated Persons and asks the Commission to place him/her on such list.

X _____, 20____
(Signature of Interpreter) (date) (year)

Verified by: _____
Print Name of Gaming Commission Agent (Badge #)